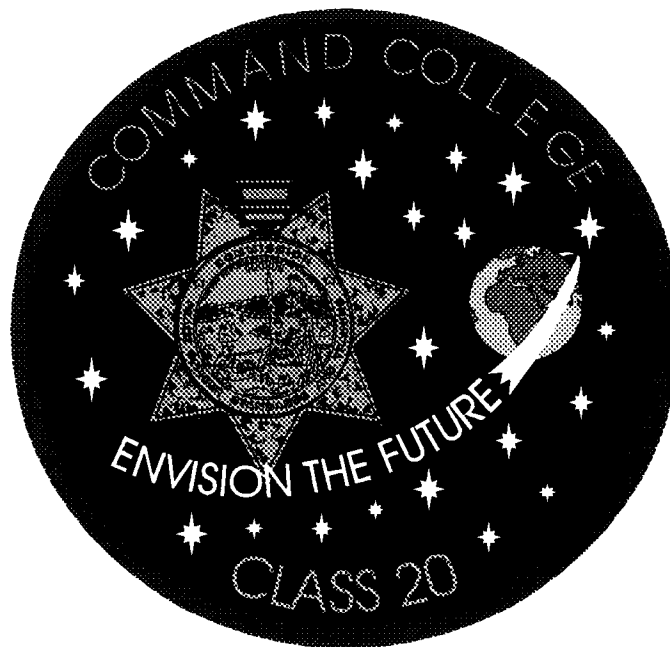


STRATEGIES FOR MANAGING MENTALLY ILL PERSONS BY THE YEAR 2004

JOURNAL ARTICLE



**BY
ROGER W. JOHNSON
COMMAND COLLEGE XX
PEACE OFFICER STANDARDS AND TRAINING
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This Command College Independent Study Project is a FUTURES study of a particular emerging issue in law enforcement. Its purpose is NOT to predict the future, but rather to project a number of possible scenarios for strategic planning consideration.

Defining the future differs from analyzing the past because the future has not yet happened. In this project, useful alternatives have been formulated systematically so that the planner can respond to a range of possible future environments.

Managing the future means influencing the future--creating it, constraining it, adapting to it. A futures study points the way.

The views and conclusions expressed in the Command College project are those of the author and are not necessarily those of the Commission on Peace Officer Standards and Training (POST).

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February 10th was a day that would not soon be forgotten by the Canyonview Police Department. It was on that day that Officers Alice Percy and Vince Montoya had the misfortune of coming in contact with Michael Bevens, a twenty year old man suffering from schizophrenia. The police officers had responded to a call for help that came from the home of the Bevens family where Michael lived with his father, mother, and sixteen year old sister. Michael, who had refused to take his prescription medication, had become violent when his mother asked him to help with some household chores. When the police officers arrived, they were immediately confronted by Michael, who engaged them in a physical altercation. The officers struggled to subdue him, but soon found that Michael was gaining the advantage. During the struggle, Michael attempted to wrestle away Officer Montoya's gun, but within a few seconds, Michael lay mortally wounded, having been shot by the officers.

Tragic situations like the one just described have unfortunately been played out in history hundreds of times. However, law enforcement agencies still struggle to implement viable alternatives, which will ensure the safety of police officers and the community, and at the same time, provide humane and dignified treatment of mentally ill persons. There exists today, and in the foreseeable future, a growing concern over the increasing number of encounters between law enforcement and mentally ill people. Police officers with ever expanding responsibilities continue to be impacted by the

growing number of calls relating to this segment of the community. Many law enforcement officials believe this trend is moving towards crisis proportions.

Historical Perspective

Even before the birth of the United States as a nation, it was generally recognized that government had a responsibility to care for the mentally ill. As early as 1766, Williamsburg and other towns in Virginia were experiencing problems with the increasing numbers of seriously mentally ill people. Many towns found these poor unfortunates wandering the streets or finding their way to local jails. As a result, the Virginia House of Burgesses legislated funds to create the first state owned and managed mental hospital. During the approximate two hundred years that followed, this postulate continued as state governments fully accepted their responsibility to care for mentally ill people.¹

This premise would change, however, as various medications were developed to treat mental illness. With these new medications, it appeared no longer necessary to keep the mentally ill locked up in state mental institutions. As a cost-saving measure, many state mental facilities throughout the United States began to reduce the number of patients they housed. For example, California's state mental hospitals, which housed 559,000 patients in 1955,² currently house only 3,733 patients.³ When patients

were released from these hospitals, state governments placed much of the responsibility for the mentally ill onto county governments. Los Angeles County has attempted to provide services for the added numbers of mentally ill through their mental health facilities, community health centers, and contract services provided through private health agencies.⁴

Another contributing factor in the change of California's mental health system came with the Lanterman-Petris-Short Act of 1967. Because of this legislation, it became more difficult to involuntarily commit mentally ill persons to state mental institutions. As a result, thousands, who would have otherwise received treatment at any one of the state mental institutions throughout California, were sent out into communities to fend for themselves.⁵

Current Mental Health Services

Currently, the State of California provides hospitalization for two classes of patients through their state mental hospitals. One type is the civil commitment patient, who has been placed in the state hospital through a civil commitment hearing process. These are individuals who are incapable of being released to the community because their mental illnesses cause them to be gravely disabled, or a danger to themselves and others. The other type of patient housed in state mental hospitals are the individuals

who have been placed through a judicial commitment. Judicial commitments are patients who are determined to be not guilty by reason of insanity, incompetent to stand trial, or mentally disordered sex offenders. Individual costs per patient are \$100,000 per year.⁶

The California Department of Mental Health will expend over \$866 million in services to mental health clients this year. In addition to providing hospitalization for the most severely mentally ill, the State Department of Mental Health is also responsible for the following services:

- Oversight and auditing of county mental health services.
- Homeless sheltering programs.
- Funding of community mental health centers through block grants.
- Conditional Release Program - Out-patient services for released judicial commitments.⁷

Los Angeles County Department of Mental Health continues to provide a variety of mental health services to over 72,000 people annually. Although some services are provided through psychiatric hospitals operated by the county, the majority of mental health services are provided through their community-based mental health clinics. Services that are provided through these venues are: psychiatric mobile response teams, crisis walk-in services, gero-psychiatric outreach, day rehabilitation services, vocational

rehabilitation and community outreach. County Mental Health will spend \$300 million this year to provide mental health services to persons with mental illness in Los Angeles County.⁸

Who are the Mentally Ill?

Describing what mental illness is, and who the mentally ill are, has long been the subject of debate. Many would find it difficult to agree on a definition of what constitutes mental illness. As recent as 1950, a person could be determined mentally ill and committed to a mental hospital without ever having been evaluated by a mental health professional. However, a lot has changed since those years, and mental health advocates have made great strides in protecting the rights of patients.⁹

Even the task force of mental health professionals that created the *Diagnostic and Statistical Manual of Mental Disorders* admit “...that no definition adequately specifies precise boundaries for the concept of mental [illness].” Although no definition can be constructed to fully define mental illness in all situations, a mentally ill person can be defined as one, whose mental condition represents a disability or distress which significantly increases risk of death, pain, disability, or loss of freedom.¹⁰

There are primarily two categories of mentally ill people that law enforcement will encounter; (1) the chronically mentally ill, and (2) the person in temporary mental

distress. The chronically mentally ill person is one whose condition is both acute and persistent. An example of the chronically mentally ill is a person, who because of their mental illness, is unable to provide for themselves and has been forced to live in a local park for several years. For the person who is in temporary distress, their mental illness is not chronic, but rather transient in nature. An example of a person in temporary distress would be a mentally ill person who barricades himself after becoming involved in a family fight. Although chronically mentally ill persons represent a substantial number of police encounters each year, it is the person in temporary mental distress that represents both the larger number of encounters, and the more volatile and dangerous situations.¹¹

Although the definition of mental illness and the mentally ill has changed over the last forty years, it is believed the percentage of the total population represented by persons with mental illness has remained relatively unchanged. Although there is no clear indication as to what percentage of the population suffers from mild forms of mental illness, it is believed that two to three percent of California's population is persistently and severely mentally ill.¹²

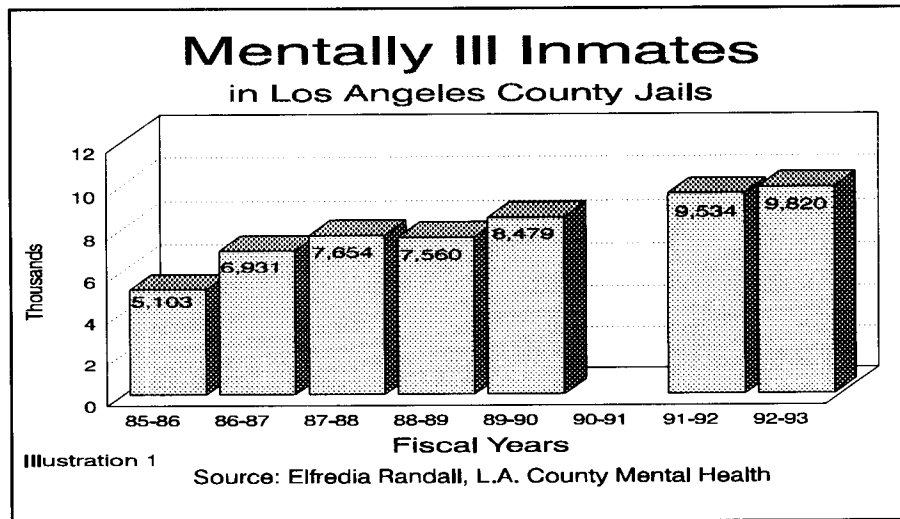
Incarcerated Mentally Ill

Today, some of the mentally ill have been fortunate to receive mental health

services from providers outside state facilities. However, when resources are exhausted, many of them end up in jail. Mentally ill persons coming into the jail environment typically are not criminals in the traditional sense. But, because of their mental illness, their actions cause them to come to the attention of law enforcement. Many have only committed minor misdemeanor offenses. Most of the offenses relate to trespassing charges resulting from rummaging on private property to find food; loitering in businesses attempting to keep out of the cold; indecent exposure charges resulting from not having adequate bathroom facilities, or theft of food or services.¹³ A 1992 study of jails in the United States showed that each day more than 30,000 of the seriously mentally ill were incarcerated. In this same study, it was discovered that sixty-nine percent of these jails indicated they were experiencing a far greater number of seriously mentally ill prisoners than compared with the previous ten years.¹⁴

To further explore this growing problem, the Los Angeles County Jail system was examined to see how increased numbers of the mentally ill have impacted it. At the 2nd Annual Mental Health and Law Enforcement Seminar held on June 2, 1993, Los Angeles County Sheriff Sherman Block described his jail facility as "the largest mental institution in the United States." With a jail population of over 23,000 inmates, fifteen percent were found to be mentally ill. Facilities designed for mentally ill prisoners within the jail system are limited in Los Angeles County, as they are in many

jails throughout the United States. As an example, one of Los Angeles County's custody facilities is currently housing over 3,000 mentally ill



inmates in a facility designed for 800 inmates.

During the last five years, the Los Angeles County Jail has seen an increase of sixty-six percent in mentally ill inmates.¹⁵ The trend can be seen even more clearly by examining the fiscal years 1985-86 to 1992-93 (Illustration 1). The numbers of inmates indicated are the actual number of mentally ill persons that were incarcerated in the jail system for the indicated fiscal years. The numbers of inmates are themselves dramatic, but to fully realize the impact of these individuals on the jail system's resources, a more revealing figure is the number of service contacts by mentally ill inmates during any given year. Service contacts are the actual number of times that an inmate receives mental health services provided within the jail. As an example, the fiscal year 1992-93 indicated that a total of 9,820 mentally ill inmates were incarcerated in Los Angeles County's jails. However, the actual number of service contacts for the indicated

inmates reached over 105,000.¹⁶

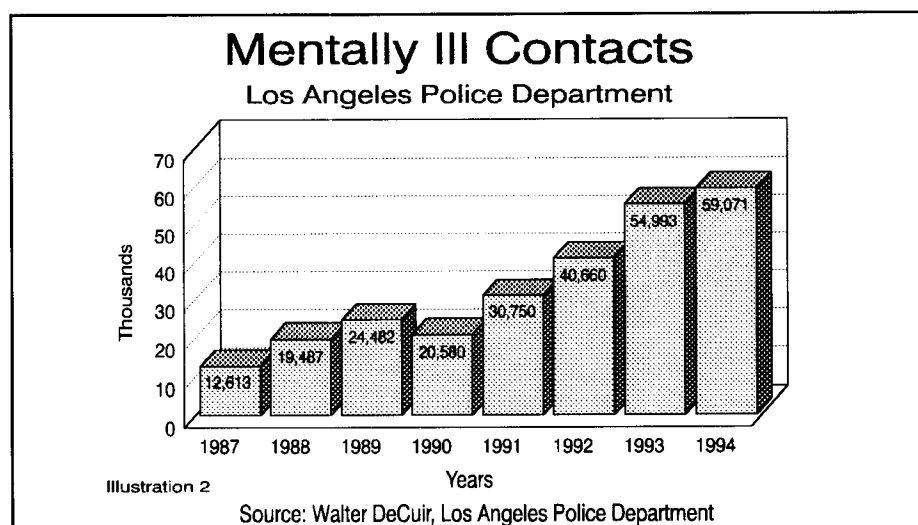
County and city jails throughout America are not the only custodial facilities incarcerating the mentally ill. Mentally ill inmates are being housed in the state prisons, as well. A study conducted by Dr. Ron Jemelka of the University of Washington revealed that seriously mentally ill inmates accounted for ten to fifteen percent of the 771,000 inmates found in state prisons throughout the United States.¹⁷

Police Encounters with Mentally Ill Persons

Mentally ill people, without appropriate health care, often find themselves coming in contact with police officers in the field. Contacts between law enforcement and the mentally ill account for a considerable portion of a police officer's patrol time. In 1984, a study conducted by the Los Angeles Police Department determined that the average time spent on one mentally ill individual from the time of contact to the time the police officer was able to place the person in an appropriate hospital facility was four hours. Since then, the Los Angeles Police Department has improved its ability to handle these types of calls by reorganizing and increasing the number of personnel assigned to their Mental Evaluation Unit (MEU).¹⁸ The MEU is responsible for handling all calls relative to the mentally ill in the City of Los Angeles. During the eight year period from 1987 to 1994, each year, except one (1990), experienced a

significant increase in the number of contacts between law enforcement and the mentally ill (Illustration 2). The reason for the decreased number of contacts in 1990 is not known. In 1994, the MEU handled 59,071 calls for assistance. Of those calls, sixty-five percent of the persons had been seen by MEU before. Thirty-one percent had been in police custody ten or more times. It was also discovered that ninety percent of those

individuals referred by the unit for seventy-two hour holds and evaluations at psychiatric hospitals



were kept past the seventy-two hours.¹⁹

In another study conducted by the Los Angeles County Sheriff's Department in 1991, it was revealed that fifteen percent of all law enforcement time was spent dealing with individuals who were thought to be mentally ill. As a result, in January 1993, the Sheriff's Department implemented the Mental Evaluation Team (MET) to help alleviate a portion of their patrol deputies' workload, freeing them to handle other calls for service. Each of the MET crews are staffed with a deputy and a mental health

professional. They respond to calls relating to mentally ill people, and thus provide an effective approach to this type of call. During the first 120 days of the program, MET logged 435 mental health interventions.²⁰

Law enforcement officials in the San Gabriel Valley have also voiced concern over the growing number of contacts between their officers and community members who are mentally ill. These types of contacts appear to be on the rise in San Gabriel Valley communities, as well. A survey of these agencies revealed that a total of 1,672 mentally ill related contacts were made by their police officers in 1993. For these police agencies, this large number of contacts represents a significant amount of their agencies' resources each year.²¹

Many of the mentally ill come in contact with law enforcement because of their homeless status. A full one-third of the homeless population in the United States is made up of the seriously mentally ill.²² A survey of incoming inmates by the Los Angeles County Sheriff's Department also helped to support these findings. They found that forty percent of the mentally ill inmates entering their jail system were homeless when they were arrested.²³

Another issue that has exacerbated the problem of increased contacts with the mentally ill has been the availability of Psychiatric Emergency Teams or PET as they are often called. In 1987, Los Angeles County law enforcement began to experience

a decrease in PET service availability to police officers in the field. This occurred primarily because of significant funding problems that developed during that time. As funding continued to decrease in 1989, eight of the County's mental health clinics closed. This event further impacted their ability to provide PET services to law enforcement. Today, PET service availability has still not reached pre-1987 levels. In a county mental health agency that once had 2,000 employees, the Los Angeles County Department of Mental Health only has 1,300. The availability of PET is not anticipated to increase any time in the near future.²⁴

Contacts between the police and the mentally ill have sometimes resulted in injury or death to both police officers and mentally ill people. Several studies that have been initiated in recent years suggest that a relationship exists between mental disorders and violent behavior.²⁵ Reminders of violent confrontations between the police and the mentally ill are ever present. Daily newspapers often report confrontations between law enforcement and the mentally ill, which have tragically led to serious injury and many times death. The following are just a few examples:

- San Bernardino County Sheriff's deputies kill a mentally ill bus hijacker after a two-state car chase.²⁶
- San Diego County Sheriff's deputies fatally shoot a shovel-wielding transient that appeared to be mentally unstable.²⁷

- Pasadena police officers fatally shoot a mentally ill man after he attacked the officers with a knife.²⁸
- A man with a history of mental illness attacked a Los Angeles County Sheriff's deputy while in jail. The struggle that ensued resulted in critical injuries to the man.²⁹

Analysis of the Problem

Based on the emerging issues that have been described thus far, it would seem prudent to examine these issues further. If California law enforcement is to meet the challenges these trends represent, there must be a clear understanding of what potentially awaits in the future.

On March 28, 1994, the Monrovia Police Department hosted a panel workshop to discuss the issues associated with police officer encounters with mentally ill persons. Panel members in attendance were mental health practitioners, a mental health client, mental health advocates, and law enforcement officials. The goal of the workshop was to identify the various trends impacting the issue:

What strategies will law enforcement use to manage encounters with mentally ill persons by the year 2004?

During the workshop, the panel identified fifty-five trends they believed would

impact the issue being studied. Of those fifty-five trends, the panel then identified ten they believed were the most important and would have the greatest impact on the issue.

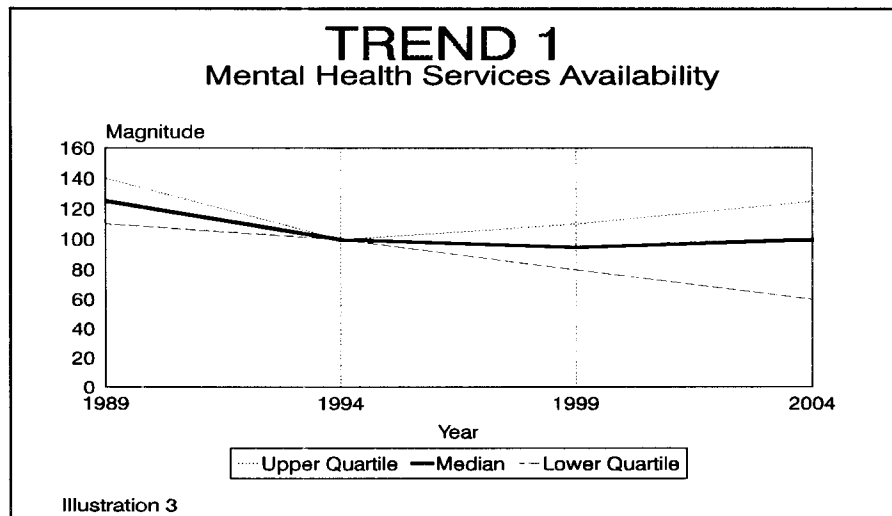
Following are the ten trends identified as the most significant:

- Availability of Mental Health Services to the Mentally Ill
- Recognition by Law Enforcement Executives of the Importance of Issues Associated with the Mentally Ill
- Substance Abuse by Mentally Ill Persons
- Funding for Law Enforcement
- Inter-Agency Collaboration on Mental Health Issues
- Use of Specialized Law Enforcement Teams to Deal Exclusively with the Mentally Ill
- Involvement by Client and Family Groups in Deciding Public Policies of Law Enforcement Relative to the Mentally Ill
- Diversity in California
- California's Economy
- Effectiveness of Medical Treatment

Trend Forecasting

After the panel members identified the top ten trends through a voting process,

they forecasted the selected trends to the year 2004. This was accomplished using a trend evaluation form. During this procedure, each panel member evaluated each trend as it appeared five years ago. The panel members then forecasted the trend five and ten years into the future. Each of the ten trends are



forecasted in the following pages with an accompanying trend graph. Each graph shows the median view of the panel along with the upper and lower quartile indications.

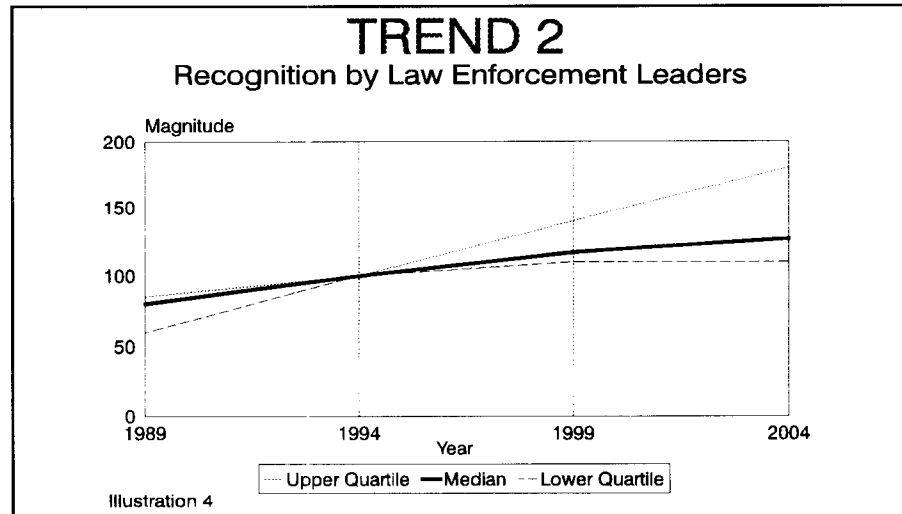
The discussion of each trend with focus primarily on the median viewpoint of the panel.

Trend 1 - Availability of Mental Health Services

This trend represents the availability of mental health services to individuals who are mentally ill (Illustration 3). This trend was viewed by the panel as the most important of the ten trends they explored. It was their belief that this trend has a significant part to play in the issues associated with contacts between law enforcement officers and mentally ill persons. It was their belief that without the availability of

mental health services, mentally ill persons will be left untreated. They will remain in the community and enter into situations requiring police intervention.

The panel was in relative agreement that in 1989, there was a greater availability of mental health services than there are today. As



the panel forecasted to the year 1999 and 2004, the median view of the panel indicated the amount and availability of services will increase slightly.

Trend 2 - Recognition by Law Enforcement Leaders

This trend deals with the recognition by law enforcement executives of the importance of dealing effectively with the issues associated with mentally ill people. The panel's forecast of this trend is displayed in Illustration 4. The panel indicated that in 1989, there appeared to be less concern by law enforcement leaders with the issues associated with the mentally ill. Since that time, there has been an apparent increase. Panel members indicated they were encouraged to see studies being done, which

demonstrate to them law enforcement executives are showing greater interest in this area.

As the panel projected out to the years 1999 and 2004, there is a steady climb forecasted in the median view showing law enforcement will continue to recognize the significance of this issue, and subsequently work towards solutions to the problems associated with the mentally ill and law enforcement.

Trend 3 -Substance Abuse by Mentally Ill Persons

This trend forecasts the level of substance abuse by mentally ill persons (Illustration 5). Substances considered by the panel in this forecast were alcoholic beverages, prescription medications, and illicit drugs. This trend was viewed by the

panel as being a

significant concern to

the issue in this study.

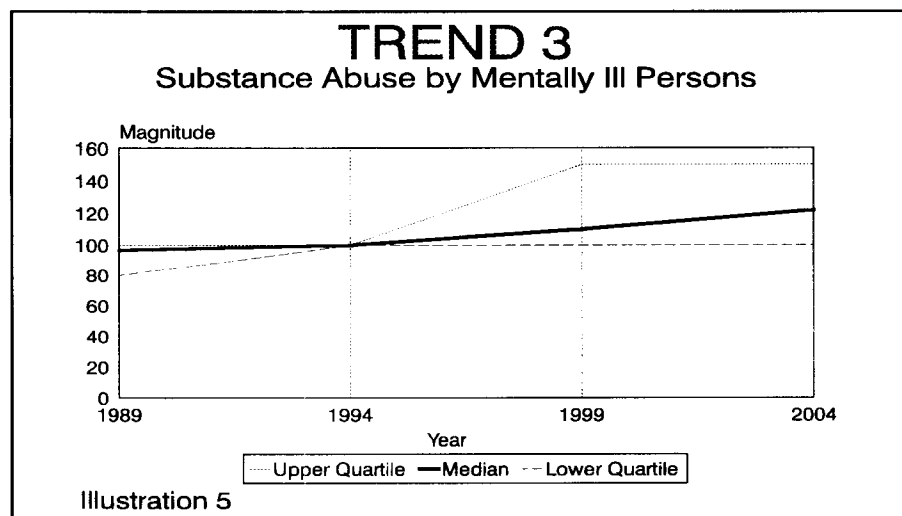
An increase in

substance abuse by

the mentally ill can

have adverse results,

and bring mentally ill persons into contact with police officers because of their intoxication. Substance abuse can also cause a person to become violent, thus creating



a dangerous situation for both police officers and mentally ill persons.

The median view of the panel indicated substance abuse by mentally ill persons has remained relatively constant since 1989. As the forecast moves past 1994, it is projected to gently increase through the year 1999, and on up to 2004.

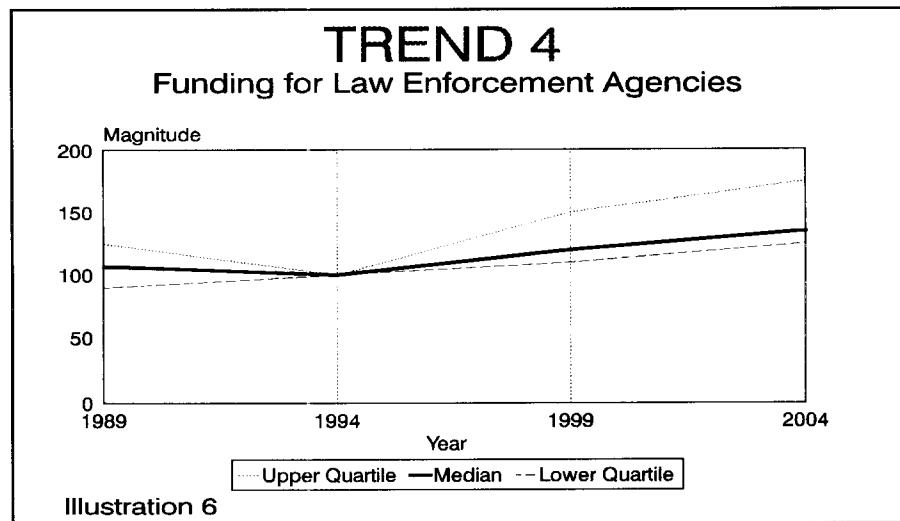
Trend 4 - Funding for Law Enforcement

The future funding of law enforcement agencies appears to be favorable, according to the

forecast provided for this trend (Illustration

6). The panel indicated that if law enforcement agencies

are funded

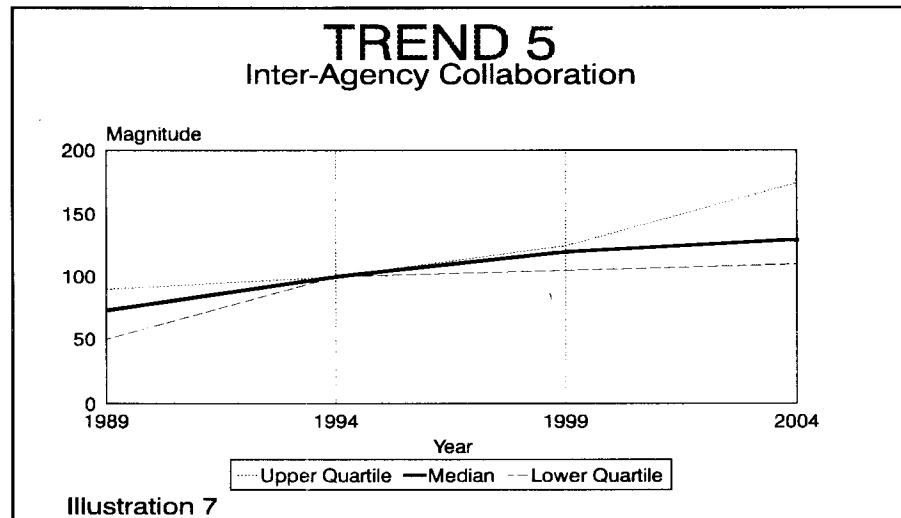


appropriately, they will have the resources and will be better able to deal with the issues of the mentally ill. There was a disparity of view from the panel as to whether there has been an increase or decrease of funding for law enforcement agencies since 1990. However, there was agreement among the panel members that funding for law enforcement will increase during the next ten years. If this forecast bears out, law

enforcement will have more resources in the future with which to deal with the issues associated with the mentally ill.

Trend 5 - Inter-Agency Collaboration

The panel indicated they have not seen much in the way of collaboration between law enforcement and human services, especially in mental health services, prior to 1994 (Illustration 7). This is unfortunate, as the

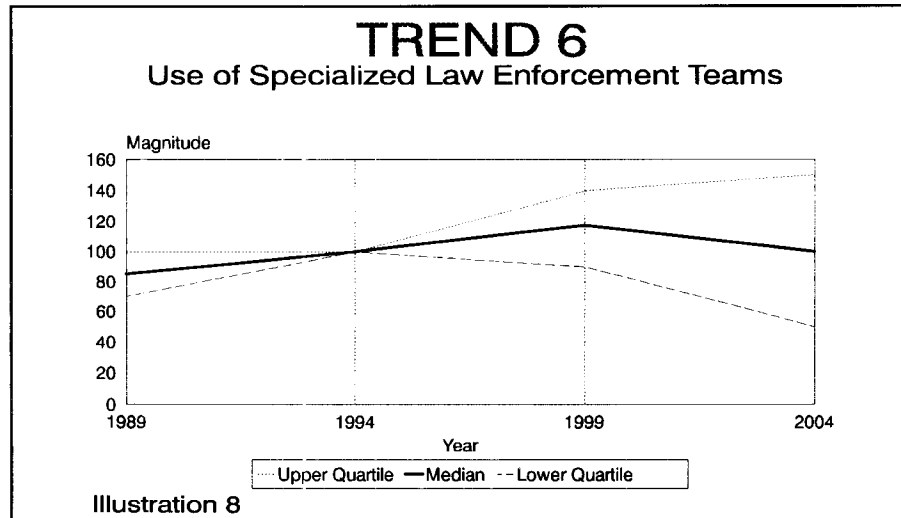


panel believes it is an absolute necessity if any progress is to be made by law enforcement and human service agencies in handling the issues associated with persons who are mentally ill. However, the panel's forecast of this trend is hopeful as they all generally perceived there will be an increase in inter-agency collaboration, which will build momentum through the year 1999, and on to 2004.

Trend 6 - Use of Specialized Law Enforcement Teams

The trend forecasted in Illustration 8 is the adoption of specialized teams of police officers to deal with problems associated with persons who are mentally ill. The

examples cited by the panel were the Mental Evaluation Team of the Los Angeles County Sheriff's Department and Los Angeles Police Department's Mental Evaluation Unit. The panel views these specialized teams as very beneficial in helping police officers to cope with the specialized problems associated with the mentally ill.



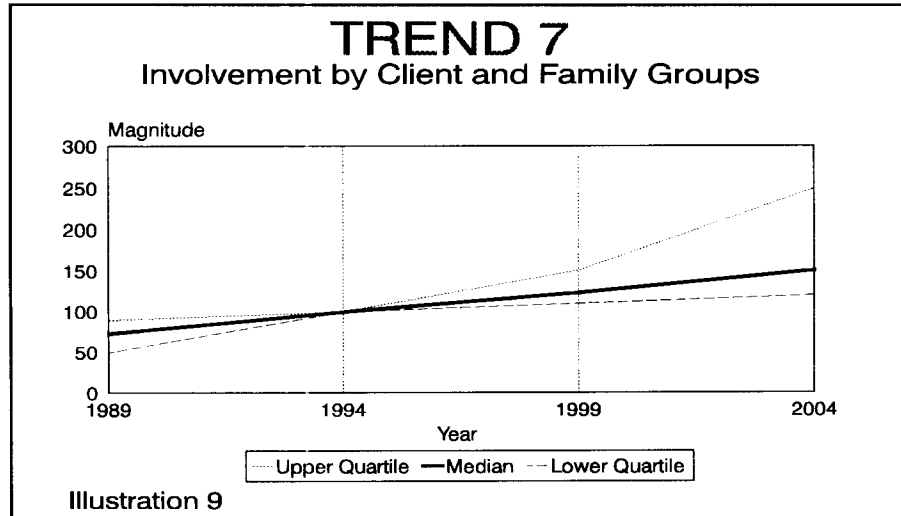
The median view represented by the panel indicates there has been an increased use of these specialized units from 1989 to 1994. As the time line continues into the future, the panel forecasted an increase in this trend up to the year 1999, but perceived it returning to approximately the same levels in 2004, that it had in 1994.

Trend 7 - Involvement by Client and Family Groups

From the forecast of this trend (Illustration 9), the panel projected an increase of involvement by client and family groups in deciding the public policies of law enforcement in their handling of mentally ill persons. The panel believed client and family group involvement will assist law enforcement in balancing the rights of

mentally ill persons with the rights of others living in the community.

The median view of the panel projected a modest

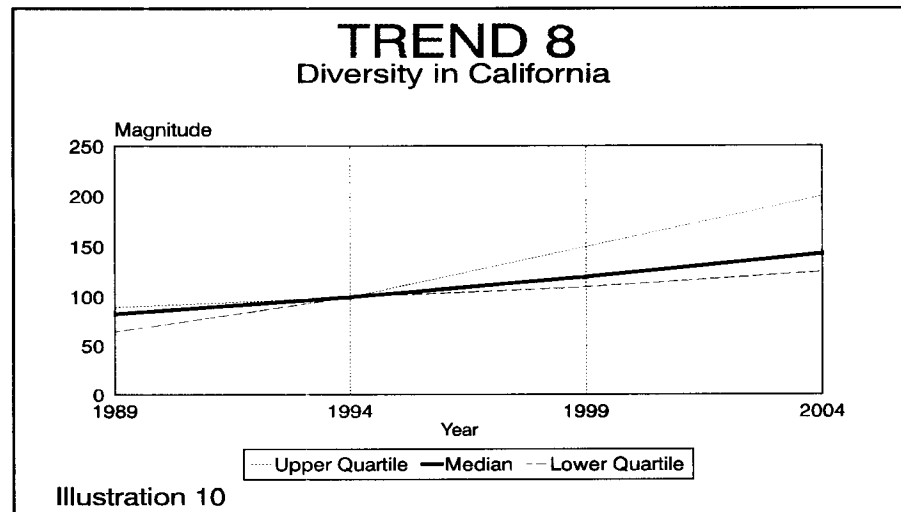


increase in client and family groups involvement through the year 1999, and on to the year 2004.

Trend 8 - Diversity in California

The panel forecasted an increase in the diversity of California's population (Illustration 10). It is

their belief that California will continue to see an increasingly diverse population in terms of culture, race,

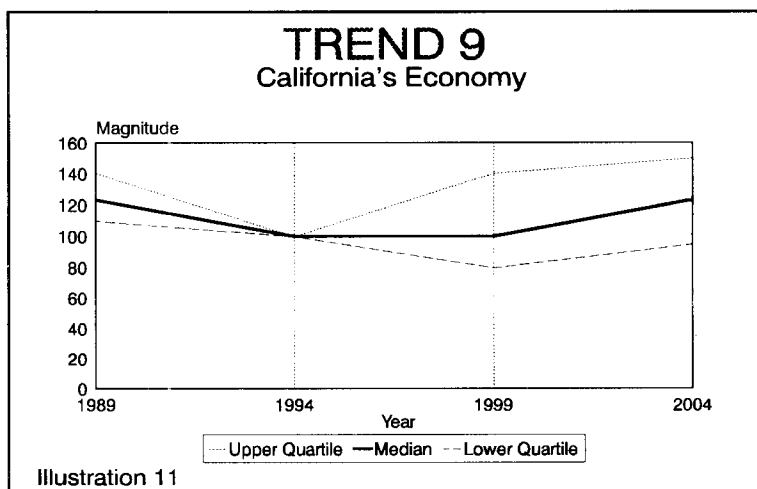


and ethnicity. This will provide additional challenges to law enforcement as they

attempt to overcome the barriers of language and culture. Once again, as in the previous graph, the median and lower quartile time lines were in general agreement forecasting an increase in diversity through the year 2004.

Trend 9 - California's Economy

In evaluating California's economy, the panel found only relative agreement in that all believed there had been a down turn in the economy from 1989 to 1994 (Illustration 11). From that point on, there was vastly divergent views on the course California's economy will take. The median view



forecasts no change in the present economic state until the year 1999, when it then shows a mild increase to the year 2004.

The panel feels California's economy will play its own significant role in how mental health issues will be decided. With a healthy economy, it is expected that more funds will be available statewide to fund not only law enforcement programs, but mental health services, as well. On the other hand, if California's economy continues to show a downward trend, funds will not be available to support the various programs

and services that are vitally needed.

Trend 10 - Effectiveness of Medical Treatment

The effectiveness of medical treatment was seen by the panel as playing a role in this research (Illustration 12). The median view of the panel indicates they believe a modest increase will

occur in the effectiveness of medical treatment through the year 2004.

If this forecast bears out, the law

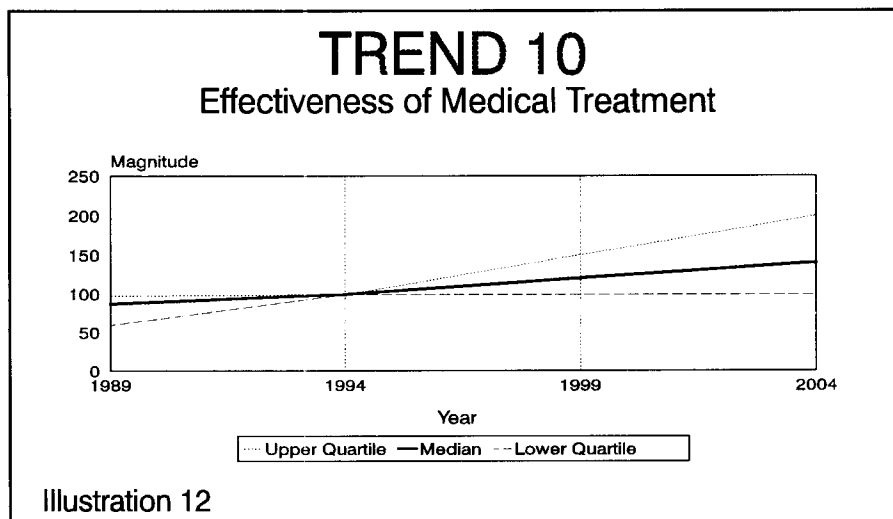


Illustration 12

enforcement workload associated with mentally health related calls should decrease.

Policy Implications for Law Enforcement

This article has examined a number of emerging trends, some of which, could affect California law enforcement's future in adverse ways. Although the impact of these trends can only be calculated, it will be essential for law enforcement to prepare for the potential futures these trends represent. Based on these forecasts, it is recommended that the following policy implications be considered.

1. **Develop Policies for Handling Mentally Ill Inmates** - Whether in a large county or small city jail, law enforcement agencies must realize mentally ill inmates represent a special concern and liability within the jail environment. In some cases, mentally ill inmates can be volatile and aggressive. In other instances, they may be self-destructive and require other special handling. In order to protect police officers, the mentally ill, and other inmates, policies should be established to provide guidance to officers responsible for the handling of mentally ill inmates.
2. **Develop Specialized Law Enforcement Teams** - In order for law enforcement to deal effectively with the complex situations involving the mentally ill, it will be increasingly necessary to implement specially trained teams of officers. These special teams, whether from one police agency or from a coalition effort of several agencies, will develop the knowledge and expertise needed to safely handle calls involving the mentally ill. Violent confrontations will be minimized as specially trained officers implement strategies for de-escalation. The use of specialized teams will enable a rapport to develop between law enforcement and mental health service providers, thus providing a more effective use of resources. In addition, patrol officers will not be encumbered for long periods of time handling these types of calls, and will be free to handle other calls for service.

3. **Increase Officer Safety and Minimize Liability Through Training** - The training of police officers in the issues of the mentally ill will become a necessity if law enforcement is to deal appropriately with this segment of the community. Training plans should be developed by individual police agencies to assist their officers in correctly handling the situations officers encounter, both in the field and in the jail environment. Not only will training assist officers in handling these types of situations, but civil liability will be minimized as well.

Alternative Strategies

In response to the trends and policy implications that have been discussed, three alternate strategies are offered for consideration. These strategies were developed by a group of law enforcement practitioners using the modified delphi process. The group consisted of police managers, supervisors, and line officers.

Alternate Strategy 1 - Develop A Regional Team

The first strategy calls for the development of a regional team of specially trained police officers and mental health technicians. The police officers and mental health technicians would receive special training in crisis intervention and the handling of mentally ill related situations. Police officers would be paired with mental health technicians in two person response cars. The regional team would consist of officers

from several police agencies, who share a common regional area. Each agency would supply an officer to be part of the overall team.

These two-person response cars would be available to handle those calls in the regional area associated with the mentally ill. Calls coming into the dispatch centers of the respective regional agencies would be screened to determine what type of service is requested. Patrol officers from that jurisdiction would initially be dispatched to the call. Once at the scene, the patrol officer would determine if the regional team was needed. Once the regional team car arrived at the location of the call, the patrol officer would be relieved to handle other pending calls for service.

Alternate Strategy 2 - Implement A Database for the Mentally Ill

The next alternate strategy is the implementation of a database of information on mentally ill persons. This strategy is a relatively straightforward gathering of information on individuals who are mentally ill. The database would provide information, which would allow officers in the field to determine the identity of the person. It would also provide information about the person's mental health needs, such as, whether the person has schizophrenia or other mental disorders, or what medication they may be required to take. It would also provide information as to the doctor who is currently treating the person, or from what hospital or mental facility the person normally receives treatment. Information, such as family member contacts, would also

be part of the database. This approach would allow officers in the field the opportunity to handle mentally ill related calls with a certain degree of specificity. Knowing what type of mental illness the person has would allow officers to respond appropriately to each unique person and situation. With the mentally ill person's information available as to their doctor or hospital, prompt contact with them would afford mental health services in a timely manner.

Alternate Strategy 3 - Community Triage Center

This strategy received the most diversity of support. Several members of the panel saw this as a viable strategy while others did not. This particular strategy involved the development of a community triage center. The community triage center would be manned by volunteer community workers with background and experience in the mental health field. The triage center would be manned from 8:00 o'clock in the morning until midnight, and would provide services to walk-ins, and also to law enforcement referrals. The center would be available as a temporary holding facility for mentally ill persons, who were determined by law enforcement to be a danger to themselves or others, until arrangements could be made for the person to be transported to a county or private hospital facility.

Conclusion

What strategies will law enforcement use to manage encounters with mentally ill person by the year 2004? The level of impact that these adverse encounters will have on law enforcement will rest mainly on how well California law enforcement has prepared for their eventual coming. Law enforcement need not be overwhelmed by the issues that are represented in this article. By careful examination and planning, preparation can begin to effectively deal with the issues represented herein.

ENDNOTES

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